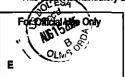
US Department of Labor
Office of Labor-Management
Standards
Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 944	2 Fiscal Year Covered From
<u></u>	1 / 1 / 2009 Through 12 / 31 / 2009
3 Name and address of person filing	4 Name, file number, and address of labor organization
Name RINAID Fuls	Name LABOREN FLOOD ADJUNISTANTION N.C.
	Labor Organization File Number 042542
P O Box, Bldg , Room No , if any	P O Box, Building and Room Number, If any
Street 316 Maguelann 57,	Street 220 CAPPUS LANE
City VAIIETO	City FAIR Field
State CA/11-0HNIN ZIP Code + 4 94590	State CAI/FIRNIA ZIP Code + 4 94534
5 Position in labor organization	
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization of Name and address of Employer (including trade name, if any) Name Rowa Gorald Color	derived income or other economic benefit of on represents or is actively seeking to represent 7 a Nature of Interest, Transaction, or Income Thavel advance + Refund of Excess Liuna Tri-Fund come - San Olego (Alifirmia 7 b Amount \$33,000 - Refund 33328
Signature	
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed Musliff & Own	On <u>G/11/09</u> <u>707-193721.4</u> Date Telephone Number